

706562

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Case Docket No. 220.4133P

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of

Inventor: MONTAGNIER ET AL.

For: ANTIGENS, MEANS AND METHODS FOR THE DIAGNOSIS OF LYMPHADENOPATHY
AND ACQUIRED IMMUNE DEFICIENCY SYNDROME

Enclosed are:

- (X) Drawings (Informal)
- () An assignment of the invention to _____
- () A certified copy of a _____ application.
- () An associate power of attorney.
- () A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE		*		\$150			\$300
TOTAL CLAIMS :	14 -20=	0	x5=	\$		x10=	\$
INDEP CLAIMS	3 -3=	0	x15=	\$		x30=	\$
MULTIPLE DEPENDENT CLAIM PRESENTED			x50=	\$		+100=	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL \$		OR	TOTAL \$	300

- (X) Please charge my Deposit Account No. 23-0813 in the amount of \$ 300.00. A duplicate copy of this sheet is enclosed.
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- (X) The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-0813. A duplicate copy of this sheet is enclosed.
- (X) Any additional filing fees required under 37 CFR 1.16.
- (X) Any patent application processing fees under 37 CFR 1.17.

February 28, 1985
(date)

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INVENTOR(S): MONTAGNIER ET AL

TITLE: ANTIGENS, MEANS AND METHODS FOR THE DIAGNOSIS
OF LYMPHADENOPATHY AND ACQUIRED IMMUNE
DEFICIENCY SYNDROME

ENCLOSED ARE:

Patent Application
Declaration and Power of Attorney (Unsigned)
Transmittal sheet
Postcards (2)
Drawings (Informal)

I hereby certify that this paper or fee is being
deposited with the United States Postal Service "Express
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on the date indicated above and is addressed to the
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D.C. 20231.

Kathryn E. Moser
NAME (PRINTED OR TYPED)Kathryn E. Moser
SIGNATURE